

**AFFIDAVIT of EXEMPTION FROM ADMINISTRATION of  
HAEMOPHILUS INFLUENZAE TYPE b (Hib) on RELIGIOUS  
GROUNDS FROM MONTANA  
DAYCARE IMMUNIZATION RULES**

Child's full name

Birth Date

Age

Sex

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Day Care Facility \_\_\_\_\_

Name of parent, guardian, or other person responsible for child's care and custody:

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Street address and city:

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Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

I, the undersigned, swear or affirm that immunization against *Haemophilus influenzae* type b (Hib) is contrary to my religious tenets and practices.

I also understand that:

(1) I am subject to the penalty for false swearing if I falsely claim a religious exemption for the above-named child [i.e. a fine of up to \$500, up to 6 months in jail, or both (Sec. 45-7-202, MCA)];

(2) In the event of an outbreak of the *Haemophilus influenzae* type b (Hib) disease listed above, the above-exempted child may be excluded from the day care by the local health officer or the Department of Public Health and Human Services until the child is no longer at risk for contracting or transmitting that disease; and

(3) **A new affidavit of exemption for the above child must be signed, sworn to, and notarized yearly and kept together with the State of Montana Certificate of Immunization (HES-101) in the day care's records.**

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Signature of parent, guardian, or other person  
responsible for the above child's care and  
custody

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Date

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

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Notary Public for the State of Montana  
Residing in \_\_\_\_\_  
My commission expires \_\_\_\_\_